

**City of El Paso
Museums and Cultural Affairs Department**

**COMMUNITY ARTS PROGRAM APPLICATION
FY 2008**

This application is due by 5:00 p.m. on **April 13, 2007** or must be postmarked by the deadline.
It must be typed.

Legal Name of Applicant:						
Mailing Address:	City:	El Paso	State:	TX	Zip Code:	
Physical Address:	City:	El Paso	State:	TX	Zip Code:	
Primary Contact Person:						
Email: _____ <small>(Announcements and messages will be communicated via email. Please provide the email address of a primary contact person who will regularly access messages and ensure prompt contact.)</small>						
Business Phone:	() -	Home Phone:		() -		
Fax:	() -	Website address:				
Social Security # (for individual artists only):						
Federal Employer ID # (for organizations only):						
Is your <u>organization</u> operated for charitable (nonprofit) goals?					<input type="checkbox"/> Yes <input type="checkbox"/> No N/A <input type="checkbox"/>	
Does your <u>organization</u> have administrative offices in El Paso?					<input type="checkbox"/> Yes <input type="checkbox"/> No N/A <input type="checkbox"/>	

ELECTED CITY OFFICIAL OF APPLICANT'S RESIDENCE OR ADMINISTRATIVE OFFICES

City Council Representative:	
District #:	

(Available from City Clerk's Office, 541-4127)

Artistic Discipline of Proposed Service:				
<input type="checkbox"/> Theatre	<input type="checkbox"/> Dance	<input type="checkbox"/> Visual arts	<input type="checkbox"/> Music	<input type="checkbox"/> Film/Video
<input type="checkbox"/> Literary	<input type="checkbox"/> Multi-media (specify media):		<input type="checkbox"/> Multi-disciplinary (specify disciplines):	
<input type="checkbox"/> Performing arts	<input type="checkbox"/> Other:			
Title of Service:				

FOR MCAD USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE

Check if received & write in quantity:

- ☐ Videotape _____
- ☐ Audiocassette tape _____
- ☐ CD _____
- ☐ Slides _____
- ☐ Photographs _____
- ☐ Manuscript _____
- Staff Review Completed by: _____

Stamp

Applicant: _____

ASSURANCES AND SIGNATURES

If funding is awarded, the applicant hereby assures the Museums and Cultural Affairs Department that:

1. Any funds received as a result of this application will be used **solely** for the project described.
2. The activities and services for which financial assistance is sought will be administered by or under the supervision of the applicant artist or organization.
3. The applicant is an individual artist or a non-profit organization entity as defined by the Internal Revenue Service, or an educational institution, or a unit of government.
4. The applicant will comply with the following: Title VI of the Civil Rights Acts of 1964; Title IX of the Education Amendments of 1972; Age Discrimination Act of 1975; Section 504 of the Rehabilitation Act of 1973; Americans with Disabilities Act of 1990 and City of El Paso Ordinance #9779 C. 1. regarding accessibility; Drug Free Workplace Act of 1988; Texas Assumed Business or Professional Name Act; Section 5(j) of National Foundation of the Arts and Humanities Act of 1965 regarding labor standards and City of El Paso Ordinance #8790 regarding soliciting money or property.
5. The applicant artist or organization officials have read, understand and will conform to the intent outlined in the current "Cultural Funding Program Guidelines" for the City of El Paso, Museums and Cultural Affairs Department.
6. The undersigned is the artist applicant or has been duly authorized by the applicant organization to submit this application.
7. In addition to the assurances listed above, the applicant hereby assures the City of El Paso, Museums and Cultural Affairs Department that the applicant will comply with the following:
 - Equity Mandate regarding equitable procedures for the distribution of resources to recipients who reflect the geographical, cultural, and ethnic diversity of the state's population
 - Obscenity Clause - Section 10 (7) (b) of the Texas Commission on the Arts Enabling Legislation, which prohibits the Texas Commission on the Arts and its grantees from knowingly fostering, encouraging, promoting, or funding any project, production, workshop, and/or program which includes obscene material as defined in Section 43.21 Penal Code of Texas.

CERTIFICATION

I certify that all information contained in this application, including all attachments and supporting materials, is true and correct to the best of my knowledge.

Individual Artists/Organization Contact Person

_____ Signature	_____ Complete Legal Name (print)	_____ Date
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SECOND SIGNATURE REQUIRED FOR ORGANIZATIONS

I hereby certify that the Board of Directors of this organization has given formal approval for submission of this proposal.

_____ Signature of Authorized Official/Board Chair	_____ Complete Legal Name (print)	_____ Date
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NOTE: Please use BLUE INK for signatures

PRINT YOUR COMPLETE LEGAL NAME.

DEFINITION

Authorized Official - a principal of the organization with legal authority to certify the information contained in the application and sign contracts for the organization; he/she must read and guarantee the organization's compliance with all requirements listed above.

Applicant: _____

NARRATIVE

1. Describe the concept of the service you are proposing and would like to make available to the El Paso community. **Please only use space available.**

2. Describe the scope of services for every one (1) service proposed. **Please utilize bullet-format and only use space available.**

3. Check the type of service you are proposing to provide. ***Please only mark one:***

- ☐ One time performance/demonstration/class/master class (1 hour)
☐ Workshop (2 hours) ☐ Exhibition & lecture (as negotiated with host): ☐ 3 weeks ☐ 6 weeks
☐ Residency (long term as negotiated with the host)
☐ 2 weeks ☐ 4 weeks ☐ 6 weeks ☐ Other: _____

4. Please check if the service format can be adapted to suit the needs of various venues? (For example, one time performance/demonstration/class/master class can be adapted into several 1-hour workshops and/or an exhibition) If yes, please use a separate sheet to describe. ☐ Yes ☐ No

5. Do you provide curriculum aligned with TEKS: ☐ Yes ☐ No

6. How many artists will be involved and what is the specific role in the proposed project?

Applicant: _____

6. For what audiences will this service be most appropriate: (check up to 3)

- ☐ Pre-school children ☐ Grade school children ☐ Middle/high school students ☐ Adult
☐ Senior adults ☐ Persons with disabilities ☐ Other audiences (specify) _____

7. Explain what you hope your audience or participants will gain or learn from your service.

8. When will you be available to provide these services between October 1, 2007 and August 31, 2008?
(AM, PM, weekends only, etc.)

9. List all special technical requirements and/or restrictions related to the proposed service. (For example: dimensions of stage area, ceiling height, electrical or lighting needs, dressing rooms, class size, supplies, furniture and equipment, etc.)

Applicant: _____

10. Describe any marketing ideas that you and/or the host may use to promote this service. List any potential community hosts and their contact information.

11. Summarize your training (formal or informal), background, or previous experience that qualifies you to provide this service.

Proposed expenses

Please provide a detailed breakdown of expenses for **ONE** service. Round all figures to the nearest dollar. Total for one service should not exceed \$2,500.00. All set up and preparation costs should be included in the **ONE** service fee.

10. PROPOSED EXPENSES FOR ONE SERVICE

A. Administrative Personnel \$ _____

B. Artistic Personnel \$ _____

C. Technical Personnel \$ _____

D. Other Expenses: Please list and explain expenses related to this service including production and Marketing.

_____ \$ _____

_____ \$ _____

TOTAL EXPENSES FOR ONE SERVICE (lines A through D) \$ _____

11. Number of services available to provide between October 1, 2007 and August 31, 2008: \$ _____

Please check if you would like us to provide your information for inquiries about outside contracting opportunities.

☐ Yes ☐ No

CAP PROGRAM DEFINITIONS

COMMUNITY HOST EVALUATION FORM

Selected CAP artists are responsible for providing the host with a Community Host Evaluation Form for each service provided. Completed forms may be mailed directly by the host or given to the artist to forward to the Museums and Cultural Affairs Department.

APPLICATION VOCABULARY:

Artist - Any practitioner of the fine arts

Classes - Instruction to include demonstrations, performances or exhibitions

Discipline - Any art form such as music, dance, theater, literature, visual, media or folk

Folk Artist - Maintains or practices traditional beliefs or skills that are learned and passed on from one generation to the next by word of mouth and customary example. The folk arts can include both material culture and oral/expressive traditions, and are found in groups of people who share a cultural bond and history

Host - Any organization, which brings an artist to its community. Hosts may be churches, schools, community organizations, recreation centers, social service agencies and other non-profit groups

Lesson Plan - Step-by-step outline of educational service objectives and methods of implementation indicating a timetable for completion

Master Class - An advanced class usually taught by a professional artist for students who have already had a considerable amount of training

Residency - Long-term (two or more weeks) instruction to include demonstrations, performances and exhibitions

Service - The activity for which the applicant is requesting funds. Service consists of activity from beginning to end.

Service Budget - The total expenses for each type of service for which funds are requested

Workshop - Short-term instruction, one or two sessions